



COLORADO DEPARTMENT OF HEALTH CARE POLICY & FINANCING

1570 Grant Street, Denver, CO 80203-1818 (303) 866-2993 (303) 866-4411 Fax John W. Hickenlooper, Governor
Susan E. Birch MBA, BSN, RN, Executive Director

CDASS Financial Management Services Selection Form

Effective January 1, 2015, I would like to work with the following Financial Management Services (FMS) agency for support with the employment related functions in CDASS:

_____ ACES\$ Financial Management Services – www.MyCIL.org

_____ Morning Star Financial Services – www.morningstarfs.com

_____ Public Partnerships, LLC – www.publicpartnerships.com

Effective January 1, 2015, I would like to use the following FMS employer model. Please read the *FMS Employer Models in CDASS* prior to making a selection.

_____ Agency with Choice (AwC)

_____ Fiscal/Employer Agency (F/EA)

Name: _____

Authorized Representative (if applicable): _____

Phone Number: _____

Case Manager: _____ Date: _____

Signature of Person Completing the Form

Please complete this form and return to your case manager no later than December 1, 2014. If you have any questions about the agencies or the models you can contact your case manager.

Thank you.